

JOSEPH A. JACHIMCZYK, M.D., J.D.

FORENSIC PATHOLOGIST  
ATTORNEY AT LAW  
CHIEF MEDICAL EXAMINER



228-8311

EXT. 671 (DAY)

EXT. 212 (NIGHT)

OFFICE OF THE MEDICAL EXAMINER  
OF HARRIS COUNTY

HARRIS COUNTY COURT HOUSE  
HOUSTON, TEXAS 77002

AUTOPSY REPORT

Case 73 - 3365

August 14, 1973

PATHOLOGICAL DIAGNOSIS ON THE BODY

OF


Jeffrey Allen Konen  
3118 Underwood Street  
Houston, Texas

Asphyxia due to strangulation and  
gagging.

OPINION

It is our opinion that the decedent,  
Jeffrey Allen Konen, came to his death  
as a result of asphyxia due to strangu-  
lation and gagging - Homicide.

It is our further opinion that the time  
of death was on or about September, 1970.

  
Joseph A. Jachimczyk, M.D., J.D.  
Chief Medical Examiner

(See Companion Cases 73-3366, 73-3408, 73-3409, 73-3412 and 73-3413)

## POSTMORTEM EXAMINATION ON THE BODY OF

Jeffrey Allen Konen  
3118 Underwood Street  
Houston, Texas

**HISTORY:** These skeletal remains were recovered in a shallow grave on the beach at High Island, Texas, at 3:15 p.m. on August 10, 1973. The remains were brought to the Harris County Morgue, Houston, Texas, together with 73-3366, Unknown #19, at 6:10 p.m. on August 10, 1973. (See Companion Cases 73-3366, 73-3408, 73-3409, 73-3412 and 73-3413)

**AUTOPSY:** The autopsy was performed by Chief Medical Examiner Joseph A. Jachimczyk, M.D., assisted by Assistant Medical Examiners G. Sheldon Green, M.D., and Ethel E. Erickson, M.D., and Dr. Paul G. Stimson, beginning at 2:30 p.m. on August 14, 1973, in the Harris County Morgue.


**EXTERNAL APPEARANCE:** The skeletal remains were wrapped in plastic drop cloth-type material and weighed a total of 50 pounds. There was a skull with varying amounts of brown hair, measuring up to 6-1/2 inches in length at the crown. Around each of the wrist areas and leg areas, there was three strand nylon cord similar to that seen in the other cases. There was a strip of white adhesive tape as a gag. There was a short strand of string knotted in a Y-shape. There was a small irregular piece of cardboard on which was written the legend "FOUND AT SCENE #1" and signed "WESLEY KING". The cardboard strip measured 5-1/8 inches in length. Both feet were present. They measured 8-1/2 inches in length from toe to heel. The soft tissue was still adherent, but cheesy. The skull and mandible were both present. There were no clothes present in this crashbag. Except for the soft tissues still recognizable on each of the two feet, better preserved on the right, there was no soft tissue. There were still some tiny bits of soft tissue adherent along the long bones at the site of insertions of the muscles. The bones included twenty-four ribs, twenty-three vertebrae, the sacrum and the coccyx in one segment; the long bones included two femurs, two tibiae, two fibulae, two humeri, two radii and two ulnae. There were two clavicles, two scapulae, two pelvic bones, two patellae, the body of the sternum and the manubrium in two pieces. The distal epiphysis of one of the radii was separate. There were eight small bones of the wrist. There also were ten metacarpals and fifteen small bones of the fingers. The feet were preserved in formalin in a separate package.

Postmortem X-rays did not reveal any radiopaque objects.



DENTAL EXAMINATION

Utilizing the Universal System, all four third molars are extracted. There was an occlusal amalgam in the upper right second molar, number 2; a distal and mesial pit amalgam in the upper right first molar, tooth 3; an upper right second bicuspid has been extracted, number 4; the upper left second bicuspid, number 13, has been extracted; the upper left first molar, tooth 14, has an occlusal and a distal lingual amalgam; the upper left second molar, number 15, has an occlusal and a distal pit amalgam; the lower left second molar, number 18, has an occlusal amalgam; the lower left first molar has an occlusal amalgam and a buccal pit amalgam, tooth 19; the lower left second bicuspid, number 20, has been extracted; the lower right second bicuspid, number 29, has been extracted; the lower right first molar has an occlusal amalgam and a buccal pit amalgam, number 30; and the lower right second molar has an occlusal amalgam, number 31. The teeth were in good alignment with no open contacts. Evidence was present on the buccal surface of the molars, especially, where there had been placement of orthodontic bands due to a slight line of decalcification. The jaw relationships were normal. There were buccal caries in tooth 15 and tooth 30. A comparison was made of the radiographs, antemortem and postmortem. The antemortem radiographs belonged to Dr. W. J. Schoverling, 3931 Essex Lane, Houston, Texas, 77027, and were presented to Chief Medical Examiner Joseph A. Jachimczyk, M.D., by Federal Bureau of Investigation Agent Randall J. Farmer on October 10, 1973. The outline of the antemortem and postmortem radiographs of the fillings were exactly identical. The decedent was identified as Jeffrey Allen Konen.

  
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Paul G. Stimson, D.D.S., M.S.



1. PLACE OF DEATH a. COUNTY <b>Chambers</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Texas</b> b. COUNTY <b>Harris</b>		
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Precinct #1</b>		c. LENGTH OF STAY in l. b.	c. CITY OR TOWN (If outside city limits, give precinct no.) <b>Houston</b>		
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>Beach-High Island (found)</b>			d. STREET ADDRESS (If rural, give location) <b>3118 Underwood</b>		
e. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>			e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>Jeffrey Allen</b>		(a) First	(b) Middle	(c) Last <b>Konen</b>	4. DATE OF DEATH <b>Found 8-10-73</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>Nov. 20, 1951</b>	9. AGE (In years last birthday)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Univ. of Texas</b>		11. BIRTHPLACE (State or foreign country) <b>Houston, Texas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13. FATHER'S NAME <b>Harry J. Konen</b>			14. MOTHER'S MAIDEN NAME <b>Sara Garfland</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO.	17. INFORMANT		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Asphyxia due to strangulation and gagging.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>	HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <b>Strangled.</b>	
20c. TIME OF INJURY <b>UNK</b>		Hour	Month <b>found</b>	Day <b>10</b>	Year <b>73</b>
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/>	NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (In or about home, farm, factory, street, office building, etc.) <b>found Chambers County</b>		20f. CITY, TOWN, OR LOCATION <b>Precinct #1</b>	COUNTY <b>Chambers</b>
STATE <b>Texas</b>	21. I hereby certify that I attended the deceased from <b>found</b> to _____, 19____ and last saw the deceased alive on <b>from autopsy findings</b> , 19____. Death occurred at <b>8-10-73</b> m. on the date stated above, and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <b>Joseph A. Jachimczyk, M.D.</b>			(Degree or title)	22b. ADDRESS <b>209 Courthouse Houston, Texas</b>	22c. DATE SIGNED <b>10-10-73</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Aug. 21, 1973</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>		
23d. LOCATION (City, town, or county) <b>Houston</b>		(State) <b>Texas</b>	24. FUNERAL DIRECTOR'S SIGNATURE <b>Earthman Funerals-</b>		
25a. REGISTRAR'S FILE NO.		25b. DATE REC'D BY LOCAL REGISTRAR	25c. REGISTRAR'S SIGNATURE		

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 1/58

994.7  
E963



STATE OF TEXAS

## CERTIFICATE OF DEATH

STATE FILE NO.

1. PLACE OF DEATH a. COUNTY <b>Chambers</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Texas</b> b. COUNTY <b>Harris</b>	
b. CITY OR TOWN (If outside city limits, give precinct no.) <b>Precinct #1</b>		c. CITY OR TOWN (If outside city limits, give precinct no.) <b>Houston</b>	
c. LENGTH OF STAY in 1 b. <b>unknown</b>		d. STREET ADDRESS (If rural, give location) <b>3118 Underwood</b>	
d. NAME OF (If not in hospital, give street address) HOSPITAL OR INSTITUTION <b>Beach- (found)</b>		e. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
a. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input type="checkbox"/> NO <input type="checkbox"/>		f. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) (a) First <b>Jeffrey</b> (b) Middle <b>Alan</b> (c) Last <b>Konen</b>			4. DATE OF DEATH <b>Found 8-10-73</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 20, 1951</b>
9. AGE (In years last birthday) <b>21</b>		IF UNDER 1 YEAR Months Days Hours Minutes	IF UNDER 24 HRS. Hours Minutes
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Univ. of Texas</b>	11. BIRTHPLACE (State or foreign country) <b>Houston, Texas</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>Harry J. Konen</b>	
14. MOTHER'S MAIDEN NAME <b>Sara Garfland</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <b>460-84-0539</b>		17. INFORMANT <b>Harry J. Konen by A. M. E.</b>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Asphyxia due to strangulation and gagging.</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input checked="" type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <b>Strangled.</b>
20c. TIME OF INJURY Hour <b>Found</b> Minute <b>8</b> Year <b>10</b> a.m. <b>73</b> p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (In or about home, farm, factory, street, office building, etc.) <b>Found Chambers County</b>	20f. CITY, TOWN, OR LOCATION <b>Precinct #1 Chambers Texas</b>
21. I hereby certify that I attended the deceased from <b>found</b> to <b>19</b> and last saw the deceased alive on <b>8-10-73</b> m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>Joseph A. Jachimczyk, M.D.</b>		22b. ADDRESS <b>209 Courthouse Houston, Texas</b>	22c. DATE SIGNED <b>10-10-73</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Aug. 21, 1973</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>
23d. LOCATION (City, town, or county) <b>Houston Texas</b>		24. FUNERAL DIRECTOR'S SIGNATURE <b>Earthman Funerals- Robert L. Earthman #5A</b>	
25a. REGISTRAR'S FILE NO. <b>502</b>	25b. DATE REC'D BY LOCAL REGISTRAR <b>October 17, 1973</b>	25. REGISTRAR'S SIGNATURE <b>Mary Dugat</b>	

TEXAS DEPARTMENT OF HEALTH — BUREAU OF VITAL STATISTICS

MEDICAL CERTIFICATION

VS-112, REV. 1/58

Body #1

*Earthman Funerals* 73-3365

ESTABLISHED 1905

September 18, 1973

Mr. Harry J. Konen  
3118 Underwood  
Houston, Texas 77025

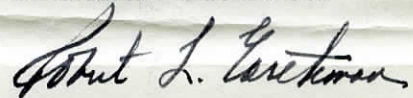
Dear Mr. Konen:

Please be advised that the Harris County Medical Examiner and H. B. Garrett, Registrar for the City of Houston Health Department, have requested the return of the two death certificates that you received on your son Jeffrey Allen Konen.

Therefore, we enclose a self-addressed envelope for your convenience in returning the death certificates to us. New death certificates will be issued and we will send them to you as soon as possible. Thank you for your cooperation.

Yours very truly,

EARTHMAN FUNERALS



Robert L. Earthman  
President

cc: H. B. Garrett  
Medical Examiner ✓